

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

8/1/405

SERIAL NO.

APPLICANT

10/719,555

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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